

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF  
COMMITTEE (in full)

Kristen Spee

ADDRESS (number and street)

☐ Check if different  
than previously  
reported. (ACC)

OCT 1-15  
one  
OCT 23  
d Blvd #2

le: If typing, type  
e lines.

12FE4M5

FEC MAIL CENTER

2. FEC IDENTIFICATION NUMBER ▼

C00565408

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

NU

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11 / 04 / 2014

in the  
State of

NU

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

10 / 01 / 2014

through

10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kristen Spee

Signature of Treasurer

*Kristen Spee*

Date

10 / 20 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Kristen Spees Committee

Report Covering the Period:

From:

10 / 01 / 2014

To:

70 / 15 / 2014

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

3,585.00

10,025.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

3,585.00

10,025.00

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

2,749.63

7,093.61

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

2,749.63

7,093.61

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

29,313.39

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Kristen Spees Committee

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 01 / 2014

To:

MM / DD / YYYY  
10 / 15 / 2014

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A) .....

(ii) Unitemized .....

(iii) TOTAL of contributions  
from individuals .....

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs) .....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the  
Candidate .....

(b) All Other Loans .....

(c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4) .....

3,585.00

0

3,585.00

0

0

0

3,585.00

0

0

0

0

0

0

3,585.00

10,025.00

10,025.00

10,025.00

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

2,749.63

7,093.61

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs) .....

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS .....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ►

2,749.63

7,093.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

2,096.02

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

3,585.00

25. SUBTOTAL (add Line 23 and Line 24).....

5,681.02

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

2,749.63

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

2,931.39

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE

OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Kristen Spees Committee*

Full Name (Last, First, Middle Initial)

A.

*Fitzpatrick, John*

Mailing Address

*PO Box 532481*

City

*Kihei*

State

*HI*

Zip Code

*96753*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*University of Hawaii*

Occupation

*Teacher*

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*10 04 2014*

Amount of Each Receipt this Period

*25.00*

B.

Full Name (Last, First, Middle Initial)

*Sally, Deborah*

Mailing Address

*3040 Roxbury Dr*

City

*Reno*

State

*NU*

Zip Code

*89523*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

*50.00*

Date of Receipt

*10 03 2014*

Amount of Each Receipt this Period

*25.00*

C.

Full Name (Last, First, Middle Initial)

*Tracy, Gary*

Mailing Address

*1187 Bayshore Dr.*

City

*Sparks*

State

*NU*

Zip Code

*89431*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

*25.00*

Date of Receipt

*10 02 2014*

Amount of Each Receipt this Period

*10.00*

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

*60.00*

# SCHEDULE A (FEC Form 3)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Kristen Spees Committee

Full Name (Last, First, Middle Initial)

Paghi, Jean

Mailing Address

1290 Washington St.

City

Reno

State

NV

Zip Code

89503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

None

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

25.00

Date of Receipt

10/07/2014

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Halen, Cathy

Mailing Address

5039 S. Edmonds

City

Carson City

State

NV

Zip Code

89701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Performance auto care

Occupation

Office Manager

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

10/15/2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gardner, John

Mailing Address

4321 Gentry Ln.

City

Carson City

State

NV

Zip Code

89701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

10/01/2014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

3985.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF 6

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Kristen Spees Committee*

Full Name (Last, First, Middle Initial)

A. *Kristen Spees Committee*

Mailing Address

*PO BOX 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Costco Candy Parade*

Candidate Name

*Kristen Spees*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☒ General  
☐ Other (specify)

State: *NV*

District: *2*

Date of Disbursement

*10 / 02 / 2014*

Amount of Each Disbursement this Period

*21.87*

B. *Kristen Spees Committee*

Mailing Address

*PO BOX 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Cool - Drinks for Volunteers*

Candidate Name

*Kristen Spees*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☒ General  
☐ Other (specify)

State: *NV*

District: *2*

Date of Disbursement

*10 / 06 / 2014*

Amount of Each Disbursement this Period

*50.00*

C. *Kristen Spees Committee*

Mailing Address

*PO BOX 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Gas- Carson*

Candidate Name

*Kristen Spees*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☒ General  
☐ Other (specify)

State: *NV*

District: *2*

Date of Disbursement

*10 / 06 / 2014*

Amount of Each Disbursement this Period

*38.40*

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

*110.27*

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **4**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Kristen Spees Committee**

Full Name (Last, First, Middle Initial)

A. **Kristen Spees Committee**

Mailing Address

**PO Box 3464**

City

**Incline Village**

State

**NV**

Zip Code

**89450**

Purpose of Disbursement

**Literature High Sierra**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: **NV**

District: **2**

Date of Disbursement

**10/09/2019**

Amount of Each Disbursement this Period

**430.40**

B. **Kristen Spees Committee**

Mailing Address

**PO Box 3464**

City

**Incline Village**

State

**NV**

Zip Code

**89450**

Purpose of Disbursement

**USPS - mail**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: **NV**

District: **2**

Date of Disbursement

**10/09/2019**

Amount of Each Disbursement this Period

**8.03**

C. **Kristen Spees Committee**

Mailing Address

**PO Box 3464**

City

**Incline Village**

State

**NV**

Zip Code

**89450**

Purpose of Disbursement

**Lunch**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: **NV**

District: **2**

Date of Disbursement

**10/09/2019**

Amount of Each Disbursement this Period

**14.24**

SUBTOTAL of Disbursements This Page (optional)

**452.67**

TOTAL This Period (last page this line number only)

**452.67**



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **10**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Kristen Spees Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10/19/2014**

A. **Kristen Spees Committee**

Mailing Address

**PO BOX 3464**

City

**Incline Village**

State

**NV**

Zip Code

Purpose of Disbursement

**Campaign refreshments - Snacks**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: **NV**

District: **2**

Amount of Each Disbursement this Period

**135.6**

B. **Kristen Spees Committee**

Mailing Address

**PO BOX 3464**

City

**Incline Village**

State

**NV**

Zip Code

**89450**

Purpose of Disbursement

**Gas - 7-11**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: **NV**

District: **2**

Date of Disbursement

**10/19/2014**

Amount of Each Disbursement this Period

**47.93**

C. **Kristen Spees Committee**

Mailing Address

**PO BOX 3464**

City

**Incline Village**

State

**NV**

Zip Code

**89450**

Purpose of Disbursement

**Dinner**

Candidate Name

**Kristen Spees**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: **NV**

District: **2**

Date of Disbursement

**10/19/2014**

Amount of Each Disbursement this Period

**228.9**

SUBTOTAL of Disbursements This Page (optional)

**843.8**

TOTAL This Period (last page this line number only)

**843.8**

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

13a  
13b

NAME OF COMMITTEE (In Full)

Kristin Spees Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

|  |   |   |                |
|--|---|---|----------------|
| NAME OF COMMITTEE (In Full)<br><div style="text-align: center; font-size: 1.2em;">Knsen Speer Committee</div>  |   | FEC IDENTIFICATION NUMBER<br><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div>  |                |
| LENDING INSTITUTION (LENDER)<br>Full Name<br><div style="text-align: center; font-size: 1.2em;">N/A</div>  | Amount of Loan<br><div style="border: 1px solid black; height: 20px;"></div>  | Interest Rate (APR)<br><div style="border: 1px solid black; height: 20px;"></div> %   |                |
| Mailing Address  | Date Incurred or Established<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> | City  | State Zip Code |
| Date Due<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>  |   | Date Due<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> |                |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>  |   |   |                |
| B. If line of credit,<br>Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>   |   | Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>   |                |
| C. Are other parties secondarily liable for the debt incurred?<br><input type="checkbox"/> No <input type="checkbox"/> Yes      (Endorsers and guarantors must be reported on Schedule C.)   |   |   |                |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?<br><input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____   |   | What is the value of this collateral?<br><div style="border: 1px solid black; height: 20px;"></div><br>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes   |                |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____  |   | What is the estimated value?<br><div style="border: 1px solid black; height: 20px;"></div>  |                |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).<br>Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>   |   | Location of account:<br>Address: _____<br>City, State, Zip: _____   |                |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  |   |   |                |
| G. COMMITTEE TREASURER<br>Typed Name _____<br>Signature _____  |   | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>     |                |
| H. Attach a signed copy of the loan agreement.   |   |   |                |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:<br>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.<br>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.<br>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. |   |   |                |
| AUTHORIZED REPRESENTATIVE<br>Typed Name _____<br>Signature _____   |   | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>     |                |
| Title _____  |   |   |                |

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF  
FOR LINE NUMBER:  
(check only one) ☐ 9  
☐ 10

NAME OF COMMITTEE (In Full)

*Kristen Speer Committee*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*N/A*

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

|  |  |  |  |  |   |   |
|--|--|--|--|--|---|---|
| Name of Principal Campaign Committee (In Full)<br><i>Kristen Spees Committee</i> |  | Report Covering Period:<br>From: <i>10 / 01 / 2014</i> To: <i>10 / 13 / 2014</i>                       |  |  |   |   |
| Committee Name   |  | (a)<br>Line No. 11(a)<br>Total Contributions From<br>Indiv./Persons Other Than<br>Political Committees | (b)<br>Line No. 11(b)<br>Total Contributions<br>From Political Party<br>Committees |  |   |   |
| A  | <i>Kristen Spees Committee</i>   | <i>3585.00</i>   | <i>0</i>   |  |   |   |
| B  | Column Total Last Page Only.....   |  |  |  |   |   |
|  | (c)<br>Line No. 11(c)<br>Total Contributions<br>From Other Political<br>Committees                     | (d)<br>Line No. 11(d)<br>Total Contributions<br>From The<br>Candidate                                  | (e)<br>Line No. 11(e)<br>Total<br>Contributions                                    | (f)<br>Line No. 12<br>Total Transfers<br>From Other Authorized<br>Committees     | (g)<br>Line No. 13(a)<br>Total Loans Made or<br>Guaranteed by<br>the Candidate          | (h)<br>Line No. 13(b)<br>Total All<br>Other Loans                                       |
| A  | <i>0</i>   | <i>0</i>   | <i>3585.00</i>   | <i>0</i>   | <i>0</i>  | <i>0</i>  |
| B  |  |  | <i>10,025.00</i>   |  |   |   |
|  | (i)<br>Line No. 13(c)<br>Total<br>Loans  | (j)<br>Line No. 14<br>Total Offsets to<br>Operating<br>Expenditures                                    | (k)<br>Line No. 15<br>Total<br>Other<br>Receipts                                   | (l)<br>Line No. 16<br>Total<br>Receipts  | (m)<br>Line No. 17<br>Total<br>Operating<br>Expenditures                                | (n)<br>Line No. 18<br>Total Transfers to<br>Other Authorized<br>Committees              |
| A  | <i>0</i>   | <i>0</i>   | <i>0</i>   | <i>3585.00</i>   | <i>2749.63</i>  | <i>0</i>  |
| B  |  |  |  | <i>10,025.00</i>   | <i>7093.61</i>  |   |
|  | (o)<br>Line No. 19(a)<br>Total Loan Repayments<br>of Loans Made or<br>Guaranteed by The Can-<br>didate | (p)<br>Line No. 19(b)<br>Total Loan Repayments<br>of All Other Loans                                   | (q)<br>Line No. 19(c)<br>Total Loan<br>Repayments                                  | (r)<br>Line No. 20(a)<br>Total Contribution<br>Refunds to<br>Individuals/Persons | (s)<br>Line No. 20(b)<br>Total Contribution<br>Refunds to Political<br>Party Committees | (t)<br>Line No. 20(c)<br>Total Contribution<br>Refunds to Other<br>Political Committees |
| A  | <i>0</i>   | <i>0</i>   | <i>0</i>   | <i>0</i>   | <i>0</i>  | <i>0</i>  |
| B  |  |  |  |  |   |   |
|  | (u)<br>Line No. 20(d)<br>Total<br>Contribution<br>Refunds  | (v)<br>Line No. 21<br>Total Other<br>Disbursements   | (w)<br>Line No. 22<br>Total<br>Disbursements                                       | (x)<br>Line No. 23<br>Cash on Hand<br>Beginning of<br>Reporting Period           | (y)<br>Line No. 27<br>Cash on Hand<br>Close of<br>Reporting Period                      | (z)<br>Line No. 9<br>Debts & Obligations<br>Owed TO the<br>Committee                    |
| A  | <i>0</i>   | <i>0</i>   | <i>2749.63</i>   | <i>2096.02</i>   | <i>2931.39</i>  | <i>0</i>  |
| B  |  |  | <i>7093.61</i>   |  |   |   |
|  | (aa)<br>Line No. 10<br>Debts & Obligations<br>Owed BY the<br>Committee                                 | (bb)<br>Line No. 6(c)<br>Net Contributions   | (cc)<br>Line No. 7(c)<br>Net Operating<br>Expenditures                             |  |   |   |
| A  | <i>0</i>   | <i>3585.0</i>  | <i>2749.63</i>   |  |   |   |
| B  |  | <i>10,025.00</i>   | <i>7093.61</i>   |  |   |   |

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Incline Village NV 89450

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Washington DC 20463

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